



**ADA REASONABLE ACCOMMODATION REQUEST  
ACCESS TO CITY PROGRAM, SERVICE, ACTIVITY, OR FACILITY**

**Purpose:** This form is to be used by individuals seeking a reasonable accommodation with respect to accessing a City program, service, activity, or facility pursuant to the Americans with Disabilities Act (Title II) and/or Section 504 of the Rehabilitation Act of 1973. The City is dedicated to providing reasonable accommodation to all qualified individuals with disabilities using its facilities or participating in its programs, services, and activities.

**Instructions:** Please submit this request to one of the City officials listed at the bottom of page 2 of this form. If you need assistance completing this form, please contact one of these officials. Alternative means of submitting an accommodation request, such as by personal interview or telephone, may be made available upon request. A request for accommodation should be made as much in advance as practical; please contact the department offering the program, service, or activity should you have questions about how much advanced notice is required.

**SECTION A: Individual seeking reasonable accommodation (Please Print.)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day Time Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is the person needing reasonable accommodation under the age of 18?  Yes  No

If yes, please provide that person's age and sex. Age: \_\_\_\_\_  Male  Female

**SECTION B: Individual making request (if other than person identified in Section A)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day Time Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to person seeking an accommodation: \_\_\_\_\_

**SECTION C: Please provide the following information regarding this accommodation request.**

City department(s) or facilities(s) associated with the program, service, or activity that applicant wishes to utilize or attend: \_\_\_\_\_

Date(s) accommodation needed: \_\_\_\_\_

Please describe the program, service, or activity in which the applicant wishes to participate.

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Please describe the accommodation(s) you are requesting. If you are not sure what accommodation(s) you need, please provide any suggestions on possible options. (Attach additional sheets as needed.)

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Please describe how the accommodation(s) requested or suggested will facilitate access to the program, service, activity, or facility. (Attach additional sheets as needed.)

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Please provide any additional information that will help the City evaluate your request, including any pertinent information about the nature of the disability and functional limitation(s) that are the basis of the request. (Attach additional sheets as needed.)

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*Please note that the City may require additional information to evaluate this request and may ask that you or your representative submit a statement or other medical documentation from a healthcare provider.*

**SECTION D: Certification of Disability and Need for Reasonable Accommodation**

I certify that I have, or the person on whose behalf I am requesting an accommodation has, a disability that requires reasonable accommodation to allow for full participation in a City program, service, or activity and that the information I have provided on this form is accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form as follows:**

**Accommodation requests related to the Murfreesboro Parks and Recreation Department's programs, services, activities, and events should be submitted to:** Angela Jackson, Executive Director of Community Development, 697 Veterans Parkway, Murfreesboro, TN 37128; Telephone: (615) 890-5333; Email: [ajackson@murfreesborotn.gov](mailto:ajackson@murfreesborotn.gov).

**All other accommodation requests should be submitted to:** Robert Holtz, Chief Building Official, Building and Codes Department, 111 West Vine Street, Murfreesboro, TN 37130; Telephone: (615) 893-3750; Facsimile: (615) 217-3016; Email: [rholtz@murfreesborotn.gov](mailto:rholtz@murfreesborotn.gov).

**STAFF USE ONLY:** Received by: \_\_\_\_\_ Date: \_\_\_\_\_